

1. Incident Name:	2. Operational Period: (Date / Time)	3. Demobilization No.:	DEMOBILIZATION CHECK-OUT ICS 221 - EPA
	From: To:		
4. Unit/Personnel Released		Contact No:	
		Estimated Time of Departure/Arrival:	
5. Transportation Method		6. Actual Release Date/Time:	
8. Destination:	7. Manifest:	<input type="checkbox"/> Yes, Number: _____ <input type="checkbox"/> No	
	9. Notified:	<input type="checkbox"/> Agency <input type="checkbox"/> Region <input type="checkbox"/> Area <input type="checkbox"/> Dispatch	
		Name:	
		Date:	
10. Unit Leader Responsible for Collecting Performance Rating:			
11. Unit/Personnel:			
Demobilization Unit Leader check the appropriate box:			
Logistics Section	<input type="checkbox"/> Supply Unit		
	<input type="checkbox"/> Communications Unit		
	<input type="checkbox"/> Facilities Unit		
	<input type="checkbox"/> Ground Support Unit Leader		
	<input type="checkbox"/>		
Finance Section	<input type="checkbox"/> Time Unit		
Planning Section	<input type="checkbox"/> Documentation Unit		
Other	<input type="checkbox"/>		
	<input type="checkbox"/>		
12. Remarks:			
5. Prepared by:			(Date / Time)
Name/Position:		Signature:	
DEMOBILIZATION CHECK-OUT			ICS 221 – EPA (Rev 02/10)